

Medical Missions: a Social Problem

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CATHOLIC medical missions are not new. They originated in the actions and in the teachings of Christ. "And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the Kingdom, and healing all manner of sickness and every infirmity, among the people. And His fame went throughout all Syria, and they presented to Him all sick people that were taken with divers diseases and torments, and such as were possessed by devils, and lunatics, and those that had the palsy, and He cured them" (St. Matt. v, 23, 24). Of the 37 miracles recorded in the Gospels, 23 are works of healing, and 3 are of restoration of life after death.

To His Apostles, He said: "And going, preach, saying, 'The kingdom of heaven is at hand.' Heal the sick, raise the dead, cleanse the lepers, cast out devils: freely have ye received, freely give" (St. Matt. x, 7, 8). Hearing His commands, the Apostles and their followers obeyed. Hostels later were formed; Fabiola erected the first institution resembling a hospital. As the Gospel of Christ was spread throughout Europe, St. Jerome, St. Basil, and a steady stream of interested workers kept alive the medical spirit. St. Camillus, St. Vincent de Paul and many Religious communities took up the work, and down to the present day medical missionaries have played an important part in the general civilization, education and culture of the peoples of many lands. Today in the countries labeled as missionary, medical missions demand our serious attention.

MEANING OF MEDICAL MISSIONS

By medical missions we mean that phase of missionary activity by which the missionary, whether lay or religious, offers physical surcease of misery and tenders relief to the

*The Catholic Medical Mission Board has its national headquarters at 25 West Broadway, New York City.

bodily afflictions of his flock. They include, therefore, hospital and dispensary work, medical helps in the home and "on the road," classes in general hygiene, and the teaching of sound principles of health.

There are many ramifications to missionary work, including particularly the interests of the ordained and consecrated missionary, of the catechist, and of the educator, each one of which demands our deep admiration. These missionaries are doing inestimable good for the natives. There is, however, one phase of missionary work that has tremendous potential value, but which has been only slightly recognized thus far. Medical missions should receive the earnest consideration of all missionary advocates, and because medical missions constitute one of the greatest instruments for promoting the general good of the natives on the mission field, those interested in general social problems should be particularly concerned.

SURVEY OF MISSION COUNTRIES

A brief survey of the larger and better known mission countries is essential. Cloaked though they might be in a gorgeous array of colorful romance and sparkling adventure, they are instead garbed in the somber tones of dire neglect and pitiful ignorance. Their story includes many lands in many climes, and numerous peoples with diverse customs. It depicts mountainous regions and barren fields. It portrays rushing rivers and stagnant streams. But primarily it describes thousands of individuals far removed from the comforts and even from the necessities of modern medical science, individuals whose God-given souls were made to enjoy everlasting happiness, and whose bodies should be fit domiciles for their spiritual beings, but individuals nevertheless dragged through the very mire of unhygienic squalor and poverty. Superstitions, centuries old, have left their indelible mark on the characters of the people. They have so perverted their ideas that a complete uprooting of their ungodly machinations must be effected before it is possible to plant the "good seed." In countries where the cow is sacred and where greater respect and reverence is shown this beast than to the offspring of the human race, in countries where infant mortality is astoundingly high, in countries where woman is degraded to mere state of animal slavery, in these

countries medical missions find their continued existence. Protestants have accomplished something in promoting the welfare of these peoples by means of medical missions, although they themselves consider their work very inadequate. Thus far very little has been done by Catholics.

DETAILED REPORT

Rev. John J. Considine, S.T.L., in "The Vatican Mission Exposition," reports:

Catholic hospital work in the field is in a primitive state of development. There are almost as many people engaged in the medical profession in New York State (64,461) as there were patients treated in all the hospitals of the eight fields in 1923 (total patients, 71,126).

<i>Missions</i>	<i>Hospitals</i>	<i>Patients</i>	<i>Dispensaries</i>
North America	31	2,153	9
South America	13	-----	32
Africa	285	34,701	701
India	44	2,892	183
Indo-China	97	8,408	252
Pacific Islands	15	6,436	125
China	95	15,245	467
Japanese Empire	7	1,291	17

It may be noted above that Africa has the best figures to date. The one borough of Manhattan in New York City has ten more hospitals than have all the China missions. There is a total of 587 hospitals in the mission fields. There are 1,786 dispensaries. The term "dispensary" often means a simple traveling medicine box, from which a Sister or lay Brother distributes remedies to the natives.

Surely, now, if ever, the time is ripe for bettering social conditions. The scant, though efficient amount of medical assistance in the past has shown what great good can be accomplished even with few workers; this fact together with the realization of the dearth of medical assistance strengthens the faith that is ours for expecting much greater advancement along these lines in the future.

KNOWLEDGE OF ELEMENTARY MISSIONS

In the first place medical missions spread a knowledge of elementary medicine, hygiene and sanitation in places where the natives have practically no knowledge of the value of these sciences. Referring to this point, particularly with regard to the tremendous task of teaching hygiene, etc.,

to the natives, the good old Vicar General of the Vicariate of Kilimanjaro says:

Here in Africa it would be a job similar to that imposed on Hercules. I am rather old now, having spent forty-one years in the African missions and have forgotten much of the mythology I had learned in school. But I remember that one of the tasks required of Hercules was to clean an immense horse stable. He disposed of his job by turning a river into the stable or stables. Similar drastic measures are necessary here in Africa if genuine house-cleaning is to be held. For one thing, at least in this district, the native huts are combination dwelling houses and stables. The animals are not even separated by a wall from their human co-inhabitants.

DISEASE WIDESPREAD

Now, although the job is Herculean, it must be tackled. The lack of proper sanitation leads to innumerable diseases, of which the worst are not malaria, the sleeping sickness, and other commonly tropical scourges. Social diseases are rampant. Dr. Robert F. Francis, who for several years was in charge of a hospital in Han Yang, China, says:

Because of the number of blind people met with everywhere in China, blindness has been called "China's sorrow." . . . Owing to the prevalence of contagious diseases among the Chinese, such as smallpox, trachoma, glaucoma, certain blood diseases, and general ignorance concerning the prevention and treatment of eye diseases and inability to obtain skilled attendance, the proportion of blind is very great. Some who have studied the subject think there are as many as a million blind people here. On the other hand, the mortality in China among blind infants may be very much heavier than elsewhere. It is claimed that the above mentioned diseases cause quite ninety per cent of all cases of blindness in China. The heavy incidence of blindness in infancy brings us at once to ophthalmia neonatorum, which, according to statistical observations, accounted for a full half of the blind infants. It has been stated also that twenty-one per cent were blind within the first year of life.

Leprosy, syphilis, and other dread diseases are prevalent in many countries. The most generally accepted theory now is that these diseases are not hereditary, although the tendency to the same affliction in child as in parent is present. With proper precautions, careful hygienic measures, much of the sadness consequent upon these diseases could be eradicated. The demoralizing effect of the physical deficiency upon the moral stamina is so obvious in our everyday observations that the ordinary lay person may accept the statements of eminent physicians without ques-

tion. On the other hand, the teaching of proper hygienic measures will greatly reduce the spread of physical diseases, reducing thereby many of the subsequent weaknesses of mind, and raise the social standard and morale of a country tremendously.

SUPERSTITION AND IGNORANCE

The medical knowledge of the majority of the mission peoples is based on superstition and ignorance. We read in "Medical Missions," a booklet from the S. P. G. House, Westminster:

In all non-Christian lands disease is attributed to some malign influence suggested by superstition with no basis in reason of accurate research, and therefore no attempt at rational treatment is made. This is true not only of those who are Animists, but of Moslems, Buddhists, and Hindus. Sickness is ascribed to the malice of demons whose dealings with mankind resemble the caprices of a mischievous monkey. A man's human enemies are supposed to be able to enlist the help of these spirits, and it is the business of the "witch-doctor" not only to identify and appease the demon, but also to ascertain who among the sick man's acquaintances has employed the spirit to afflict him. This fear of demons is the most primitive of all the beliefs evolved by humanity in its conflict with the mysterious forces of Nature. It is called Animism, and its influence is felt all over the world. . . . In non-Christian lands the results of this fear of evil spirits are horrible and deplorable in the extreme, and appeal with a loud and exceeding bitter cry for the assistance which the accurate medical and surgical knowledge of Christian countries can give. In many places these false notions of the cause of disease, and therefore of the means to be taken to cure it, are at once the greatest hindrance to the spread of Christianity, and a fruitful source of overwhelming temptation to those who have recently become Christians or are under instruction for baptism.

INDIA AND AFRICA

Only a few years ago the sanitary commissioner of Bombay reported: "After every allowance has been made for various sources of fallacy, the infant mortality cannot be fairly estimated at less than 500 per 1,000, which means that of every two infants born, one dies before reaching the age of twelve months." In commenting upon this, Rev. Michael Mathis, C.S.C., after a return from a medical survey of the mission fields of India, said:

The toll of infant life in other cities of India is almost as high, and in the villages it is worse. The frightful feature of this tragedy is that these deaths are due principally to preventable causes—the

barbarity, ignorance, and superstition of native midwives; the immaturity and ignorance of the mothers; defective feeding; and almost absolute disregard of domestic and general hygiene. The Hindu and Mohammedan practice of secluding women from the society of all men who are not members of the immediate family (therefore of doctors) throws practically all the obstetric work of India into the hands of native midwives in whose ministrations ignorance and superstition usually compete for mastery. New-born babies, and simple wounds as well as compound fractures, are actually smeared with sacred cow dung. Is it any wonder that tetanus poisoning frequently carried off mother and child and the wounded who are treated by this method?

Besides the cruelty in medical aid to women and children, there are other frightful practices. Actual cautery is in great demand for practically every kind of tumor or sickness from spina bifida to tuberculosis. . . . When one reflects that there are three times as many people in India as in the United States and that their country is only one-half the area of ours; when one realizes that except for a kind of personal cleanliness which is due to the daily ceremonial bath, the Indians have practically no idea of sanitation in housing (which makes isolation in epidemics impossible), in water supply (they drink the water in which they and their domestic animals bathe; "pure water lacks taste," they say), and in diet (one-fifth of the population retires at night not knowing whither the food for the morrow is to come); and when one thinks of the unsanitary prescriptions dictated by religious customs, one marvels that the mortality is not higher and that the suffering is not keener.

In Africa we also find superstition raging.

The natives in Africa are exposed to conditions and dangers of diseases which are little heard of in other countries. . . . When the native there becomes sick he attributes the cause of his sickness generally to one of three sources: he is simply sick, an enemy has bewitched him, or his ancestral spirits are angry with him and have brought this malady upon him. In the first case he will seek aid from his medicine doctor, in the second case his enemy has to be "smelled out," and in the third case sacrifices have to be brought to pacify the angry ancestral spirits. Charms, medicines, poisons, conjurations, and endless superstitions are taken refuge in, when he is afflicted with any disease, or other troubles befall him.

These remarks were made by Very Rev. Thomas Neuschwanger, R.M.M., who spent some twenty years in Africa, when he reported on native conditions to a special committee of the Catholic Hospital Association of the United States and Canada.

DR. MARGARET LAMONT'S STORY

It is impossible to cover all phases included in the activities of a medical missionary. To stress our point we shall take just a few that seem to be outstanding. If these

seem crude, we regret the fact, although we would not have it otherwise. It is in this very crudity, and in these primitive and uncivilized practices that the worst conditions exist. Almost daily, reports from the missionaries attest to the plights of missionary peoples, plights that are steadily hampering the advancement of civilization, of culture, of Christianity, and conditions that are apt to advance, and which may easily be felt, and have their effect upon western civilization. In an article in *Truth* (April, 1922), under the heading, "Eugenics and Medical Missions," we read something of the activities of that untiring and zealous medical missionary, Dr. Margaret Lamont. Her career has been an interesting one and a broad one. She became a convert to Catholicism from Scotch Presbyterianism after having served for some years on various mission fields as a Protestant missionary. She married, and besides the varied experiences of a very observant and intelligent missionary and traveler, she has also experienced the sorrows and joys of motherhood. I recount these few facts to show that her point of view is necessarily broad and not narrow nor biased.

UGANDA

In 1921, Dr. Lamont accepted an appointment under the colonial medical service in Uganda. To quote from the articles:

She knew before she went there that her work was largely to be connected with the efforts of that service to stamp out venereal disease among the natives. The avowed purpose of this was utilitarian, but none the less creditable. The number of babies afflicted with congenital defects from this cause, and the ignorance of the mothers in caring for themselves or their children, is so great that the future labor supply for the plantations is threatened. Hence, the government's anxiety.

The mere mention of Uganda excites our admiration, for the recent beatification of its martyrs has brought to our attention the sterling qualities of this dusky people. . . . Soon after her arrival Dr. Lamont discovered that not only was there to be no chance for her to do any missionary work but she was expected and required to take part in a repulsive system of examinations, calculated not so much to stamp out disease as to break down all traces of maidenly modesty, and by making known the ease with which these diseases can be cured, to encourage, rather than discourage, the practices which lead to them. . . . Dr. Lamont says: "The tyranny of it here revolts me." And as a woman, as a physician, as a Catholic Christian, Dr. Lamont protested against the measures. As a result she found herself without employment.

Mankind ailing seeks healing for his body as well as medicine for his soul, and unless we are prepared to minister to the whole man, we may expect him to accept his spiritual ministrations from those who are prepared to aid him physically as well, even though their teaching may be that of error. We must, then, take up medical missions seriously if we are to offset this materialistic campaign, and nip in the bud this growth, which will in time overspread our own land. . . . To do this we must be able to show that Catholic medical missionary efforts have accomplished the same sanitary and hygienic benefits, and that they have, at the same time preserved inviolate those ethical principles upon which we are continually insisting here at home.

The writer's plea is a strong one and shows that medical missions have a very definite obligation to fulfil on the mission field.

DEPLORABLE MARRIAGE CONDITIONS

The whole marriage institution is also deplorable in eastern lands, due primarily to the low position of women. In E. K. Paget's book, "The Claim of Suffering," we read:

The burden of unnecessary suffering is laid most heavily on the women and girls in eastern lands for there the inferiority of women is part of the religious belief, and they count for a good deal less than the monkeys, cows, and other sacred animals. By the creed of Buddha no woman can enter the desired Nirvana until she has been re-born as a man, and the common interpretation of the Mohammedan paradise, debased as it is said to be, has helped in the degradation and humiliation of womanhood in Moslem countries.

It is hardly necessary to speak of the twenty-five million widows in India. Many of them are mere children, and yet they are left to hopeless misery and untold degradation, as they are taught to regard themselves as the cause of their husbands' death on account of some sin committed in a former life. The Eastern conception of marriage and widowhood has not only left suffering unrelieved, but it is responsible for endless ill-health and disease and a pitiful and reckless waste of young life. "The raising of the marriage age," writes Dr. Root, "was first agitated by missionary physicians," and certainly it is almost impossible to exaggerate the physical evils of child marriage. Mr. Kopargaon Ramamurthi, a highly educated and orthodox Hindu, has expressed his opinion with considerable force on this point: "Is not a woman brought up in ignorance from childhood to old age simply to minister to the animal wants of man without complaint or, as Manu would have it, 'kept under control and used for conserving the resources of her husband, for economizing expenses, for cooking, and for nursing children,' for all the world as if she had no soul of her own to save? . . . We hurry her through marriage when she is but a little child. We never think of the wrong done to her undeveloped frame, nor do we care if premature motherhood ruins her tortured nerves, and unfits her forever for the

spiritual equipoise which is so essential to her salvation. . . . Our religion itself is supposed to cry aloud for her self-annihilation, and to demand greater heroism and self-sacrifice from baby girls than ever a male is called upon to display in his sixtieth year.

THE SPHERE OF THE WOMAN DOCTOR

Even in some of the more prominent cities where women have been permitted education, there are peculiar difficulties and dangers surrounding young women. The Calcutta University Commission reported: "The fact has to be faced that until men learn the rudiments of respect and chivalry towards women who are now living in *zenana*, anything like a service of women teachers will be impossible." The medical missionary has access to the homes of these good people, and particularly in India can the woman doctor enter the *zenana* and *purdah*. There she can effect solid teaching and instil wholesome ideas. Besides this positive force, her very presence in doing charitable work, her own personal goodness, and her sublime disinterestedness in the coarser and grosser attractions of the baser emotions and passions, stand out as a living example to both men and women of the East. The American and English gentlewoman is admired, loved, and idealized, and in due time, will be even more instrumental in raising the standard of these good native wives and mothers, and also their unmarried sisters, who, contrary to the ancient idea, still too prevalent, can also be good and virtuous.

JAPAN

Japan, which prides itself on its advanced civilization, still holds marriage and women in a plane almost unknown to the Western world. Dr. Allen Faust, in "The New Japanese Womanhood," says: "As marriage is a social and religious necessity it cannot be left to the free choice of the two youthful persons immediately concerned; and since love before marriage is looked upon with grave suspicion by the elders, there is no courtship and very little romance in the life of a Japanese young woman." This, in itself, may seem like a minor deliberation, but when we consider that this condition has existed for centuries, and that it has affected millions of women, we are not prone to pass it by without serious reflection first.

Dr. Faust continues with the marriage tale:

Before the wedding ceremony takes place, the man and woman concerned are allowed, in a very formal manner, to see each other once. If there is nothing intolerable between the two, presents are exchanged between the two families. . . . No license is required for the marriage. The ceremony is purely social, or rather, domestic. . . . The success of a marriage is not measured by the happiness of the man and woman, but by whether or not there are children born to them. If no worshippers of the ancestors are produced, the marriage is religiously and domestically a failure. . . . The great sin of childlessness usually is charged to sterility in the wife, and although this "sin" is not always so gravely punished in Japan as it is in more primitive countries, yet it is to be noted that again the man is impeccable, even to the extent that every slur is immediately thrown upon the usually innocent wife. . . . Sterility in a wife was considered a social justification for divorce. If a wife could not bear any children the husband, not infrequently from religious motives, felt impelled to find one who would be able to give birth to worshippers. . . . In former days, if it was inconvenient for the man to divorce his wife for this reason, concubinage offered another way. It is now illegal to keep a concubine, but there are still many cases where this law is observed in the breach.

The system of prostitution has also found many supporters in the Japanese empire. "In Japan, filial piety, as a virtue, stands above chastity. If it seems to be impossible to observe both of these virtues, it is, in the case of woman, chastity that must be broken, according to the ancient code." Thanks be to God, this system is now almost completely abolished. Japan is awakening to the position of women. Now that she is sending her more promising intellectual prodigies to Western universities, they are learning that women, too, have souls. Prior to the "intellectual awakening," medical missionaries were the chief combatants for the rights of women as individuals, co-heirs with their brothers to worldly happiness and eternal peace. Their job is not yet completed, however.

MEDICINE MEANS CHARITY

It may be contested that any missionary would have this opportunity to raise these social standards. We base our assertion that medical missionaries were more prominently their champions on the personal declarations of hundreds of missionaries, by word of mouth, and through personal correspondence with them. A missionary can do much by preaching; an educator can do much by teaching; but who is there to compare with the kindly person who is present at the many sicknesses of the body, who is

a living example of Christian charity, and who withal stands back of the teachings of those missionaries who control the mission compound? As Dr. Lamont once said, "An *hakima*, or woman doctor, gets to know her world," and she learns to get along with the men as well as with the women. A woman doctor can do much, for even though many contend that the Mohammedan, for instance, heartily despises woman, the medical missionaries do not find this to be true. "He bristles with jealousy with a strange man until he knows him to be both friendly and trustworthy, but women he regards as harmless. . . . When, therefore, a Mohammedan meets a woman of fine type, ready to meet his women-folk and work for their good, one has rarely any trouble with him."

Even the priests who have exercised some medical assistance, giving the people lessons in healthful ways of living, and training them in hygienic matters find that this is the best way to gain their confidence and ensure their affection. Today in our city schools we hear much about school hygiene. Some think that it is foolishness, but the positive results that ensue disprove this hypothesis. The sympathetic teacher who daily watches the symptoms or signs which her children show, the school nurse who effectually follows up the case, and the district physician and dentist are, I am sure, the most talked-of persons in the homes of those who are not physically fit. And these are the persons about whom a city must be especially interested. Visit the clinics of the many city hospitals, glance over the records of the numbers of people treated, and the kinds of disease usually tested, and we gain a small idea of the ramifications which naturally spring from the little effort expended by persons interested in the children's health in school. Yet, this is supposed to be merely a check. There are sufficient doctors for those who know that they are sick. There are innumerable means open to those who seek physical corrections for disorders. If we were to glance back over the chart, quoted previously, relative to the number of Catholic hospitals, dispensaries, etc., on the mission field, and if we know that in hundreds of sections the only knowledge of the medical science is that introduced by the missionaries, we will realize that untold good is and can be accomplished through the channel of medical missions. One

effective cure is sometimes all that is necessary to establish the position of the medical missionary as a general healer, and his word is taken as law in social problems.

SOUTH AFRICA

Let us take one more specific branch wherein a medical missionary exercises wide sway. I quote Dr. Kohler, D.T.M., a medical missionary in Natal, South Africa (*Hospital Progress*, January, 1928):

Of all the branches of medicine, obstetrics elicits the most lasting gratitude. The reason is not hard to find; before and after the obstetrician's visit the whole household is in a tremor of excitement, and the mother's plight is fresh in the minds of all her relatives. Moreover from the point of general social good, obstetrics is one of the most important branches of the sanitary code. Only in the battle against epidemics and infectious diseases are more lives saved. Besides, where successful obstetrical aid has been given, two lives are always saved to posterity, that of the mother and that of the child.

Dr. Kohler explains the high degree of standardization which has been reached in America and in Europe:

But on the mission fields, owing to the low stage of civilization of the primitive races, it is plainly impossible for the Government to enforce such regulations. It devolves upon the missionary to be . . . adviser in physical needs, especially in times of death, epidemics and similar calamities. Thus it is not at all surprising to read repeatedly in the mission narratives of even such a request as this: "Father, come help us; our woman cannot bring forth her child."

After a rather technical description of some of his experiences in practising obstetrics among the native Zulus, Dr. Kohler continues:

Thus you see with what simple information our instructions on these matters must start. I do not think that anywhere else is the course of a woman in labor simpler, the knowledge of all physiological matters poorer, or the assistance of operative help more primitive. And moreover a Zulu woman in labor is surrounded with all kinds of rites and customs and superstitious beliefs and actions. As soon as a child is born, a few hairs are pulled out of the tail of a cow and are made into a small necklace charm which has to be worn by the baby to assure good luck. The baby is washed in cow-dung, a practice that is supposed to be of great advantage to the child. Many willing hands volunteer to do this service. The ancient Zulu system compels the mother to be carefully secluded in her hut while the people of the Kraal are doctored by special medicines lest they should be influenced for evil by the birth of the child.

The small importance attached to the life of a human being is told and re-told in the impatient practices of the natives.

In cases of delayed labor it is a favorite practice of the native doctors to cut up the child and remove it piecemeal. This often leads to fatal results to the mother, and more often to life-long invalidism. . . . Doctor Bonfa reports such a case in which the midwife attempted to cut up the child. She cut off one foot and was about to cut off the leg when the husband interfered. The child was born and is now healthy, but minus one foot. Such cases might be multiplied indefinitely. . . . These are not freak cases and they are not rare exceptions.

Lest this be considered a brief in defense of woman alone, let me recall that it is usually the woman of any household who really affects the wellbeing of her family. As Carlyle says, "The hand that rocks the cradle, rules the world." It is the mother the world over, even though she be a slave in bondage, physically, who has the most powerful, though subtle, spiritual influence over her kinsmen. In most of the sections of the East, the mother is supreme in religious matters. By this I do not mean that she conducts "prayer service." Rather is it her guidance and direction that weaves their religious destiny. Evidently then to challenge the welfare of woman is to challenge the welfare of the family and of the community.

WHAT IS TO BE DONE

We have seen that medical missions are not new, but that they "are a growing necessity and a valuable means to an end. Like educational activities, they have not been neglected, but should be more highly developed" (Rt. Rev. J. F. McGlinchey, D.D., in *The Apollonian*, Vol. II, No. 2).

Since they are of such tremendous importance, it is essential that every missionary be given some medical training, which will include general hygiene, tropical medicine and minor surgery. On the field, he will then be in a position where "actions speak louder than words" (particularly among natives who speak only one dialect of a foreign tongue), and his flock will understand the practical examples of Christian charity which he performs. He will teach hygiene and sanitation, substitute for ignorance and superstition the fundamental rudiments of healthful knowl-

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Since they are of such tremendous importance, it is essential that every missionary be given some medical training, which will include general hygiene, tropical medicine and minor surgery. On the field, he will then be in a position where "actions speak louder than words" (particularly among natives who speak only one dialect of a foreign tongue), and his flock will understand the practical examples of Christian charity which he performs. He will teach hygiene and sanitation, substitute for ignorance and superstition the fundamental rudiments of healthful knowl-

edge, and instil sound principles concerning eugenics, marriage, and the many other phases which have been suggested. On those fields where missionary doctors and nurses are laboring, it will be possible to conduct classes for men and for women at the dispensary or hospital. Where there is a woman doctor or nurse at the mission, she will be permitted entrance to the *zenana*; there she will accomplish untold good in administering relief. Besides this, through her sympathy and understanding she will win the confidence and affection of the entire household, and will be the necessary consultant in all of the activities and social problems of the family.

The ultimate results of medical missions are far-reaching, and transcend the immediate medical aid and charitable assistance. They affect the whole social order of the native.

Medicine and Catholic Missions

DR. ANNA DENGEL

Article written by the Director, Society of Catholic Medical Missionaries, and reprinted from the "Shield"*

NO activity surpasses the Medical Mission as a corporal work of mercy. To prove this we need only look to the actual conditions in mission countries.

About 90 per cent of the people are said not to be within reach of modern medical science. Let us take India as an example. In addition to its inevitable share in the disease that falls to the lot of the human race, India has to bear the results of ignorance, lack of sanitation and hygiene, superstition, and old caste and religious customs. The average expectancy of male life is only 23 years, while in the United States it is 51 years. Over 4,000,000 of people die annually of fevers alone. Between 40 and 60 out of every 100 infants die before passing from babyhood. There are 400,000 blind people and between half a million and a million lepers.

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WOMEN OF INDIA

The women of India deserve special mention. The high-caste Hindu and the Mohammedan women, by custom and religion, are deprived of medical aid afforded by male physicians, as they are forbidden to be seen by men, except those of their own household. They depend on the native nurse who, on account of her ignorance, is rather a menace than a help.

In India there are 6,000,000 fewer women than men, the cause being lack of proper medical aid. Government, missionary and private women practitioners vie with one another to lift the burden of suffering womanhood. Up to the present time there has been approximately one woman doctor for every half-million women, and one women's hospital for each million women. In the whole of India, with its population of 320,000,000, there are only six Catholic hospitals, the largest one having ninety beds. These are the facts only in a broad outline, but with them the importance of medical help becomes evident.

SPIRITUAL VALUE OF MEDICAL MISSIONS

The spiritual value of Medical Mission work is two-fold—as preparatory and as bringing immediate results. For the message of Christ to bear fruit, it must fall into good ground; among pagans and infidels this ground is often stony and choked with the weeds of superstition, prejudice, moral degradation, fanaticism, fatalism, physical and mental torpor, hatred of things western, fear of exploitation, and other obstacles. In such cases words and exhortations are not welcome, while visible and tangible help of some sort may be. That which is most readily accepted and that of which people are always in most need is medical aid. The more skill and love that are put into the work, the more effective is one's influence with these people.

The Holy Father very beautifully summed up the pioneer value of medical missions in his last Mission Encyclical, in which he says: "All who are interested in the health of the inhabitants and minister to the sick, and all who are kind to infants and little children win the goodwill and affection of all the natives, so readily does the human heart respond to charity and kindness."

The immediate results attained through medical missions, although by no means coming up to the missionary's desires and ambitions, are nevertheless encouraging. Although I am certain that every medical mission activity brings its spiritual results, I have no right to guess their extent. I might say too much or too little; only God knows fully.

HOSPITAL AT PUNJAB

I will confine myself to the little hospital in the Punjab of which I was in charge and the branch dispensary in Kashmir. The results are probably less than those farther south, where Christianity is already more at home.

Being a mission institution, the hospital bore every sign of Catholicity—the crucifix, the pictures of the Sacred Heart and of Our Lady. Night prayers were said aloud for all the patients to hear. We did not make it our business to instruct Mohammedans, Hindus and other non-Christians directly, but through questions and remarks they gave us many opportunities to make them familiar with our beliefs in an unofficial way.

The nuns had a very happy influence over the patients; the Oriental reveres Religious. To my knowledge, two Mohammedan women, by the grace of God, became Christians as a result of their stay in the hospital. One was a poor girl; the other a rich lady. This may seem a very meager number, but it breaks the ice and proves that the convertibility of the Mohammedans is a myth.

With the exception of one young woman who died suddenly, all the patients who died in the hospital during my stay there were baptized; when near death they were sufficiently instructed and willing to receive the sacrament. The number of adult baptisms averaged between ten and twenty annually. Native Christians were cared for physically and spiritually and received the Last Sacraments without difficulty. The baptisms of infants in the hour of death averaged 120 a year in this hospital and 1,000 a year in the branch dispensary in Kashmir. Now, with the extension of the work, it exceeds that number. This by far outnumbers the baptisms of all the other combined missionary activities in the prefecture of Kashmir.

RESULT PROVE VALUE

The medical mission has other values. It is a great power. It aims at training native medical workers; it brings Catholic missionaries in touch with civil authorities and people in general; it helps other mission activities indirectly. It is Christianity in action. It is a magnet for all in distress. Widows, the stranded, the penniless, the orphans, the foundlings, the mentally defective, the insane—all find temporary shelter and are guided and helped.

To fully realize the value of medical missions one must have seen the misery and anguish of those who come for relief, as well as the smile of gratitude on the face of the little baptized baby who has just taken its flight to Paradise. As a result of helpful contact, the medical missionary sees prejudice give way to confidence and old superstitions to a knowledge of our holy religion. Some must plow, others sow, and some will reap. It is cooperation and contribution from all sides that will extend further and further the Kingdom of God.

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

One word about the Society of Catholic Medical Missionaries. It was organized in September, 1925, with the approval of Archbishop Curley and with the definite purpose of bringing professional medical aid into the Catholic mission fields. It is a religious society whose members live in community and in the spirit of the evangelical counsels. After one year of spiritual and missionary training at the Catholic Medical Mission House in Washington, D. C., the members solemnly promise to devote themselves to medical mission work. The promise is made for three years at a time at first and later for life. No member receives a salary; the society provides for its members as a religious order does.

The first dispensary and hospital to be undertaken by the society will be in the Punjab, India, a great stronghold of Mohammedanism. It is in the prefecture Apostolic of Kashmir and Kafirstan, in charge of the Mill Hill Fathers who, for several years in their various mission fields, have been advocates of medical missions as a valuable mission auxiliary. The activities of the society, however, will not be confined to any one mission country.

On September 30, the first four members solemnly dedicated themselves to God as medical missionaries. As soon as possible a start will be made on the mission field.

As the opportunities and scope for Catholic Medical Missionaries are almost limitless, we ask the Lord of the Harvest to send us many co-laborers who are willing to give themselves to His service whole-heartedly and to inspire many young, generous souls to take up the study of medicine or the nursing profession with the purpose of using it as a missionary for the greater glory of God, the salvation of souls and the relief of bodily suffering.

St. Joseph Was a Carpenter

E. F. SUTCLIFFE, S.J.

Reprinted from the "Universe."

ON the ground that the statements or implications of the Fathers are divided, it has sometimes been held that the trade followed by St. Joseph is uncertain. It is true that some of the Fathers use expressions implying that he was a carpenter, and others that he was a blacksmith.

Our own Venerable Bede, for example, in his exposition of the Gospel of St. Mark, uses terms which can only suggest the smith. So also St. Hilary in the fourth century, who says that Christ *fabri erat filius ferrum igne vincentis*, was the son, that is, of the smith who bent iron to his will by the help of fire. These writers institute a comparison of Christ's reputed father on earth and His true eternal Father in Heaven. Similarly St. Peter Chrysologus, in the fifth century, insists that Our Lord was the Son of Him "who fashioned the fabric of the world not by blows of a hammer, but the power of his command."

"SON OF A 'FABER' "

But it is to be noted that all these writers had Latin for their mother tongue, and, secondly, that they are engaged not in discussing or even in directly asserting what was the trade of St. Joseph, but in drawing lessons from what they assume without discussion to have been that trade. The important point is that these Fathers

read in their Latin translations of the Gospels that Our Lord was called the Son of a *faber*.

Now it so happens that the primary meaning of this word, when used without any adjunct, is precisely "blacksmith," just as is the case with our word "smith." It is not to be wondered at that having their minds fixed on the mystery that was to be evolved from the text, they took the word at its face meaning without stopping to inquire whether that meaning exactly corresponded to that of the Greek word of which it is the translation.

It is strange how little interest antiquity took in a question of this kind; the only explicit words are to be found in the "Dialogue with Trypho," written by St. Justin, Martyr, who gave his life for the Faith about the year 165. Thus he was the nearest in time to the life period of Our Lord, and, besides, he himself lived in Palestine.

These are his words: "Jesus came to the Jordan, being reputed the son of Joseph the carpenter and appearing without comeliness as the Scriptures proclaimed, and with the name of a carpenter, for while among men He used to fashion, as carpenters do, ploughs and yokes," etc.

EVIDENCE OF THE GOSPELS

The final appeal, however, must be made to the original text of the canonical Gospels. There we read, Matt. 13, 55: "Is not this the son of the *tékton*?" And in Mark 6, 3: "Is not this the *tékton* the son of Mary?" Thus we find that in the court of ultimate appeal everything depends on the meaning of the Greek word *tekton*.

This word can be used of artisans in general, or of the carpenter in particular. If it is applied to other trades it is accompanied by some qualifying word. If it stands alone, the context should indicate in which of the two senses it is to be taken.

In the Gospels it means "carpenter," for that was the natural way for His fellow-townsmen to speak of Him. They would not have described him as "the artisan." There were many such in the village, but the number of carpenters would have been small; possibly there were no others outside the Holy Family.

And, finally, it must be borne in mind that the Greek

writers, who read the Gospels in the Greek, the language that was their own native tongue, are the best judges of their meaning.

To Be—or Not to Be

Editorial reprinted in part from the "Record."

IN most men—in nearly all mankind—there is a combination of the fool and the philosopher. The fool, in his heart, says there is no God, and he lives up to his foolishness. The philosopher without faith, when he cannot look beyond the veil and see the vision splendid, promised to the just man by the Creator after life's fitful fever is over, puts to himself questions which he answers according to his human power of reasoning, and unless his reason can explain the mystery of life and death and the hereafter, he too often, in his human pride, refuses to believe in the immortality of the soul, or even to admit that he has a soul. He digs and delves deep into old musty tomes and gathers up the mental lumber of dead and gone predecessors who, like himself, sought by mental labor and study in den and laboratory to penetrate the mystery of man, and when unable to accomplish his purpose, like a stubborn, self-willed child, cries at his defeat—"I don't believe." From the twilight days of history men have, at intervals, questioned their beginning and their last end—but again from the very dawn of reason, mankind, though shrinking from death, drew solace from an innate belief in immortality—they died but to live again. It was a thought that dignified life, it robbed the grave of its sting. It made Life superior to Death—for if there is no immortality then Death is Conqueror, and a hole in the earth, or whatever other disposition is assigned the human shell when the spirit has gone forth—or when life no longer is (for the fool and the unbelieving philosopher, joining forces, are one in denying the existence of the soul) is the end of all. Such philosophy levels mankind to the brute, who is cast after death into the earth as dust and only dust. It is the philosophy of Despair—from it, human nature shrinks, shivering and appalled, because it is a reflection upon the wonder-work of that Primal Cause which is responsible for Man—the insoluble mystery of the Creation. . . . Belief in God is part of man's nature—it cannot be destroyed.